IMPACT REPORT 2016-2022

Advancing a Development Agenda for Mental Health through Education, Research and Social Action

SUNDRAM FASTENERS CENTRE FOR SOCIAL ACTION AND RESEARCH

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Advancing a Development Agenda for Mental Health through Education, Research and Social Action

BANYAN ACADEMY OF LEADERSHIP IN MENTAL HEALTH

Sundram Fasteners Limited

CONTENTS

BACKGROUND

BACKGROUND

Mental health conditions are among the most disabling health concerns globally, contributing to 13% of the global burden of disease, second only to cardiovascular conditions.[1] Despite the magnitude of the problem and global calls for improving public mental health systems, the majority of people who need mental health care do not receive it.[2] Widespread exclusion and poor life outcomes continue to persist, particularly for those with serious mental health diagnoses.[3] Public health deficits and lack of adequately trained human resources are often cited as reasons for the paucity of care.[4] Such limited analysis, of why people are unable to access care or why unfavourable outcomes persist for those living with mental health conditions, fails to recognise the role of broader structural violence in determining health system responses and outcomes.

> *"Social disparities are linked to reduced mental health outcomes in several ways.*

Those with mental health conditions who concurrently experience social, economic, and political marginalisation are at increased risk of drifting into poverty and homelessness.[5] At the same time, some evidence indicates that socially disadvantaged communities have increased risks of being diagnosed with mental health conditions or indicate worse outcomes in self-reported mental health measures.[6] While initial conceptualisations of mental health focused on chemical imbalance and brain structure abnormalities, there is increasing evidence that the development of mental ill-health is complex and rooted in structural and functional changes in the brain that are tied to broader social circumstances and experiences. The brain is recognised as a dynamic organ that reorganizes and forms new neural pathways over the course of life and experience, a process that begins even before birth.[7] Childhood trauma and maltreatment correlated with structural deficits and abnormalities in the brain.[8] There is evidence of disrupted neuroplasticity among those receiving varied mental health diagnoses. For instance, research on schizophrenia demonstrates that the risk genes involved are also responsible for regulating neuroplasticity.[9]

In this context, contemporary mental health conceptualisations increasingly locate individual mental health disruptions within a network of multiple factors, consisting of both social and natural landscapes.[10] The interplay of these factors with structural oppression is evident in the widespread exclusion of people living with psychosocial disabilities from economic, social and political participation, lower life expectancy and quality of life.

> *"Disabilities are located not in the symptoms but in socially constructed and enacted barriers to full participation and lack of space for psydiversity.*

Therefore, there is a need to recognise justice for people living with mental health conditions as beyond accessible services.

Human resources who act within such a framework of services need to embrace and work with a culture of care that acknowledges social disadvantage and centres

service users' priorities for recovery. In sharp contrast, the contemporary service context of mental health in India continues with a significant bias toward state tertiary care that more often than not carries the legacy of asylums from the colonial era.[11] A cross-section of mental health professionals continue to be educated in a largely biomedical paradigm and fail to provide appropriate, meaningful interventions for populations facing complex social realities that are embedded in their mental health narratives. There are deep chasms between the cultural resonance of present service initiatives, the capacity of human resources and the mental health needs of marginalised populations.[12]

The Sundram Fasteners Centre for Social Action and Research was established in 2016 to address these quality deficits in human resources and services in the mental health sector for marginalised populations.

> *"The Centre aims to tackle complex and chronic problems affecting these populations, with the goal of building solidarity across stakeholders to develop culturally resonant, social justice-oriented collaborative care models across the spectrum – from promotion, and prevention, to acute care and long term care.*


The Banyan

STRATEGY AND INVESTMENTS

The Sundram Fasteners Centre for Social Action and Research invested INR 76,340,350 in three core areas with the aim to build and diffuse paradigms of mental health services that engage social development strategies, rooted in justice perspective.

EDUCATION

Development of human resources and capacities that are congruent with an ethos of personal recovery, justice and wellness to operationalise programmes and strengthen service delivery in in underserved geographies for disadvantaged populations such as homeless people, indigenous populations, children living with parental mental illness etc.

SOCIAL ACTION

Diffusion of locally relevant, culturally sensitive and pragmatic approaches through stakeholder engagement programmes to re-orient existing human resources and services towards being user-centric, address structural barriers and aid in enabling personal recovery.

RESEARCH

Development of evidence and building a robust knowledge base to inform policy on the unique cultural ecology of marginalised populations and justice-oriented initiatives to address their mental health priorities by building practice-based evidence.

The impact report aims to chronicle initiatives of the Sundram Fasteners Centre for Social Action and Research, where we are with respect to our originally stated goals and our future plans.

STRATEGY AND INVESTMENTS

IMPACT

2,345

People with mental health conditions from marginalised communities serviced via social action with mental health as a development issue via a network of state and non-state stakeholders

200

Mental health professionals of partners across various cadres and disciplines (social workers, psychologists, nurses, health care aides, program managers, leaders of non-profit organisations) trained and offered capacity building to support the needs of vulnerable populations with mental health issues in seven states of India.

464

Graduates/students participated in practice-based, immersive curriculum across masters and diploma programs

10

fellowships in mental health and social sciences and 13 replication sites across rural and urban locations in 3 states of India for the diffusion of evidence-based approaches to address mental health in the context of multi-dimensional poverty.

27 Research publications

6 PHDs on social determinants and pathways to better mental health

Fostered academic collaborations with 7 universities internationally to offer curated courses in social sciences and mental health and engage in transdisciplinary research

EDUCATION

EDUCATION

Sundram Fasteners supported practice-based educational programs through The School of Social Work and Social Policy and the School of Applied Psychology. These include:

DIPLOMA PROGRAMMES FOR CONTINUING EDUCATION

for diverse practitioners, including grassroots cadres in the development sector

MASTER-LEVEL QUALIFICATIONS IN SOCIAL WORK AND PSYCHOLOGY

through a collaboration with the Tata Institute of Social Sciences (TISS)

The educational endeavours aimed to develop "human resources and capacities congruent with an ethos of personal recovery, justice, and wellness to operationalise programmes and strengthen service delivery."

The programs were expected to contribute trained mental health professionals to the development sector, enabling grassroots-based thought leadership and sustained social action to eliminate social inequities and promote ecologies where social justice is within reach.

BOX 1.1

To understand progress towards the stated aim in the short term, we examined the following aspects of learning cohorts that have graduated from the Masters and Diploma programs:

- enrolments – representation of oppressed, justice-deprived populations in the learning cohort
- roles after graduation - qualitative aspects of role diversity such that it includes social aspects of mental health practice at micro and macro levels
- engagement in the mental health sector
- engagement with low-income populations
- engagement with populations marginalised on account of caste, gender, ethnicity or sexual orientation, or other minoritised groups
- learning feedback on pedagogy and future mental health education recommendations

We examined secondary data of graduates of both the Diploma and Masters offerings to understand enrolments and background. A semi-structured primary survey covering nearly half of the Masters graduates (n=60) and qualitative interviews (n=10) was used to understand current placements and feedback on the course and derive estimates. Secondary data were available for diploma students on these aspects.

DIPLOMA PROGRAMS

The Sundram Fasteners supported diploma programs aimed at continuing education options for grassroots mobilisers in the development sector, focusing on building their capacities to work on mental health justice, psychosocial care, and facilitation of legislated social entitlements across settings. The diploma in community mental health offered in partnership with the Rajiv Gandhi National Institute for Youth Development (RGNIYD) was developed as part of a community mental health action research project. The diploma in working with vulnerable children was designed with Rainbow Homes, a non-profit child rights agency.

Nearly half of the diploma graduates came with less than ten years of formal schooling. There is a high representation of people from low-income and/or caste-oppressed locations.

The majority of diploma learners pursued it while being employed as a grassroots mobilisers in a development sector organisation to include mental health aspects in their work.

Data were not available to understand the representation of mental health services users and carers. However, it is indicated that a number of them had personal experiences with intersections of mental health and multi-dimensional poverty. A majority were drawn from the communities they worked with shared histories and circumstances that informed their work in the field. By design, since the participating organisations were motivated to engage in community mental health, many continue to participate and contribute actively to the development sector.

Diploma graduates have taken up community-level leadership positions in establishing state and non-state resource liaisons for those facing mental health conditions to access care and social entitlements.

149

Graduates/students

90% women
10% men

60% SC/ST
30% OBC

8 IN 10

engaged with low-income communities

engaged with populations marginalised on account of caste, gender, ethnicity or sexual orientation or other minoritised group.

employed in the development sector

“

Being able to participate in decision making at home and in my community, my economic independence and networking skills to solve problems for myself and others are important takeaways from this opportunity.

KAMALA


கிராம நிர்வாக
அலுவலகம்

Caste-based oppression has been a relentless feature of Kamala's life. She recalls with lingering grief an incident from her childhood. At the age of twelve, while visiting a friend, whom she considered closest to her heart, her friend was questioned by the parent, "Why don't you get a friend from our caste? Were you able to find a friend only from the Paraiyar caste?" Subsequently at school, she faced harassment and physical abuse from a teacher who reprimanded her if she played with this friend. Among several instances of casteist discrimination she recounts, this childhood memory stands out because she realised for the first time the grave injustice of caste at that moment.

Kamala's education was interrupted when she was fourteen and she married her maternal uncle a few years later. Constant familial and societal pressures to meet childbearing expectations filled much of the next ten years, eroding her confidence and identity, which festered even after the birth of her daughter. Kamala says participation in the local self-help group (SHG) movement and engagement later as a community-based field worker for disability and mental health initiatives helped slowly reclaim her sense of self. She soon enrolled in the Diploma program at BALM to help support her work in NALAM.

Kamala says that the opportunity to pursue education after several years has contributed to her self-esteem, she feels validated and seen for her abilities. It is a matter of pride for her that she had the opportunity to attend an educational space with others much younger than her and with access to greater social and economic resources. The diploma has helped her gain newfound respect among family, friends and the larger community.

Post diploma, Kamala has been promoted to senior NALAM worker, a role that sees her mentor a team to offer grassroots mental health justice interventions to marginalised communities. With support from The Banyan, she has extended HA services for those with long-term needs in her village. Her lived experience of multiple, intersecting issues on account of gender and caste informs her work and engagements in the mental health sector.

MASTERS PROGRAMS

Of the 315 graduates of the Masters programs, the majority were women and employed after graduation. Representation of SC/ST was higher in the social work program (14%) when compared to the psychology program (4%). Representation of disability, including psychosocial disability, could not be ascertained as data were not available.

Based on the survey responses, among those in jobs or freelancing, 8 in 10 social work graduates were engaged with low-income communities and/or marginalised populations. A quarter of psychology graduates were in jobs that involved work with low-income communities, while 4 in 10 reported working with other minoritised groups. The majority were in micro practice roles such as casework/counselling/therapy, with 3 in 10 reporting research as a significant part of their work.

Among those engaged with marginalised populations, there is diversity in roles and settings. These included the design and delivery of community health programs for Adivasis, capacity building of child protection services to address child sexual abuse and introducing trauma-informed practices in one-stop centres of the government through staff training and supervision.

315
Included MPA

Graduates/students

90% women
10% men

30% social work,
70% psychology

2 IN 10

in higher education predominantly MPhil/PhD programs

8 IN 10

Employed/self-employed

56% employed; 26% freelancing or self-employed

4 IN 10

engaged with populations marginalised on account of caste, gender, ethnicity or sexual orientation or other minoritised groups

engaged with low-income communities

6 IN 10

in the mental health sector

KEY DIFFERENTIATORS

Qualitative written feedback (n=60) and interviews (n=10) inform the following themes that may be interpreted as key contributors or differentiators of the learning experience at BALM.

CAMPUS CO-LOCATED WITH MENTAL HEALTH PRACTICE SETTINGS

Many emphasised the indispensable value of learning in an environment where one could witness a thriving community of people living with mental health conditions with histories of homelessness. On a scale of 1 to 10, graduates who responded to the survey rated this aspect's contribution to their learning as 8.86.

The experience helped them forge independent relationships with diverse people, unpack theories from first-hand information from experts by experience and shape their perspectives. For some, it also meant finding acceptance, inclusion and trust. The culture of care and practice that they proximally witnessed while learning helped shape ethical perspectives while opening minds to a diverse range of options and prospects for mental health solutions.

CURRICULAR FOCUS ON SOCIO-POLITICAL LANDSCAPES OF MENTAL HEALTH

The curriculum supported graduates to place mental health within a network of associated social, economic, cultural and political factors. This offered them the opportunity to develop expansive notions of mental health, ill-health and recovery beyond typical psychiatric nosology or socially normative expectations of health. In the words of one graduate, the curricular focus on "social and political aspects of the mental health sector" and "intersectionality" helped them to see "individuals as their dynamic self beyond the problems and symptoms."

PRACTICE INFORMED THEORY AND ETHICS

Fieldwork exposure through diverse placements and internships across semesters was perceived as a significant aspect that contributed to learning. The contribution of fieldwork to their learning was rated 8.82 on a scale of 1 to 10. Graduates valued the opportunity to practice and reflect upon that practice under the supervision and mentorship of faculty and staff. While, on the one hand, this was perceived to have supported their theoretical orientation and development of ethics, on the other, it helped develop a continual practice-reflection culture of learning. In the words of one graduate, "I think the most important aspect was the value of self-growth and work impacting my work with my clients. BALM emphasised that one couldn't be an ethical and good counsellor unless they themselves were involved in self-work. This has motivated me to constantly self-reflect and keep learning— so I'm always learning something, and there aren't any stagnant moments."

GLOBAL LEARNING ENVIRONMENT THROUGH GUEST LECTURES

Diverse national and international collaborations for research and teaching were built and nurtured by BALM and leveraged to offer learning opportunities for students through lectures and guest talks. Qualitative feedback emphasises the diversity of guest lectures on cross-cutting themes and the opportunity to engage with contemporary field experts. Graduates who responded to the survey rated this aspect's contribution to their learning at 8.2 on a scale of 1 to 10.

VAISHNAVI

Vaishnavi first encountered the possibility of a social work degree while she was pursuing civil services exam coaching during the gap year after her graduation in English literature. Curiosity about the nature of the mind and a passion to see social change motivated her to opt for the mental health concentration within the social work Masters. After the two-year MA in Social Work (Mental Health) at BALM, she was inducted as a Sundram Fasteners fellow to lead the replication of ECRC at Sivagangai.

In her role, Vaishnavi liaised with district government functionaries and the local NGO partner, set up and implemented ECRC protocols, and offered clinical services and support. She says while the Masters experience helped her develop ethical perspectives through direct encounters with people with mental health conditions in a co-located campus, her subsequent work role has led her to appreciate the complexities involved in the translation of intent into ground action. These experiences have offered her the opportunity to develop concrete clinical and leadership skills and the confidence to implement programs that reach populations with complex mental health and social needs.

SOCIAL ACTION

Sundram Fasteners' investments in social action were aimed at the "diffusion of locally relevant, culturally sensitive and pragmatic approaches through stakeholder engagement programmes to re-orient existing human resources and services towards being user-centric, and address structural barriers and aid in enabling personal recovery." The strategic replication efforts were co-financed by Grand Challenges Canada (GCC), The Hans Foundation (THF), Rural India Supporting Trust (RIST), Azim Premji Philanthropic Initiatives (APPI) and Paul Hamlyn Foundation (PHF) with Sundram Fasteners supporting the protocol and pedagogy development, training and capacity building and leadership positions.

BALM with The Banyan fostered collaborations with state and non-state organisations to transfer, to various geographies in India, two approaches to care, Emergency Care and Recovery Centre (ECRC) and Home Again (HA), that address crisis intervention and long term care options for people faced with the double jeopardy of mental ill-health and homelessness.

The NALAM approach that focuses on early intervention, prevention and promotion for populations living with mental health conditions and those at high risk was extended to:

1. refocus on entitlements and livelihoods to address social determinants in the community mental health context

2. address child and adolescent mental health needs, particularly in high-risk groups and those living with parental mental illness

3. new geographies to focus on indigenous communities and develop elements of cultural responsiveness in the platform

SOCIAL ACTION

EMERGENCY CARE AND RECOVERY CENTRE (ECRC)

Crisis intervention to community re-entry intervention that operates on a justice-based platform to centre social-economic, cultural and political aspirations and inclusion of homeless people with mental health conditions.

HOME AGAIN (HA)

Housing with supportive services intervention for people with mental health conditions living long-term in institutional settings to experience lives of their choosing, offered unconditionally without any clinical or community readiness parameters or normative expectations of family, household, kinship and social roles.

NALAM

A community mental health intervention that centres early identification and treatment pathways, livelihoods, access to legislated rights and supports for children and adolescents.

FELLOWSHIPS IN MENTAL HEALTH

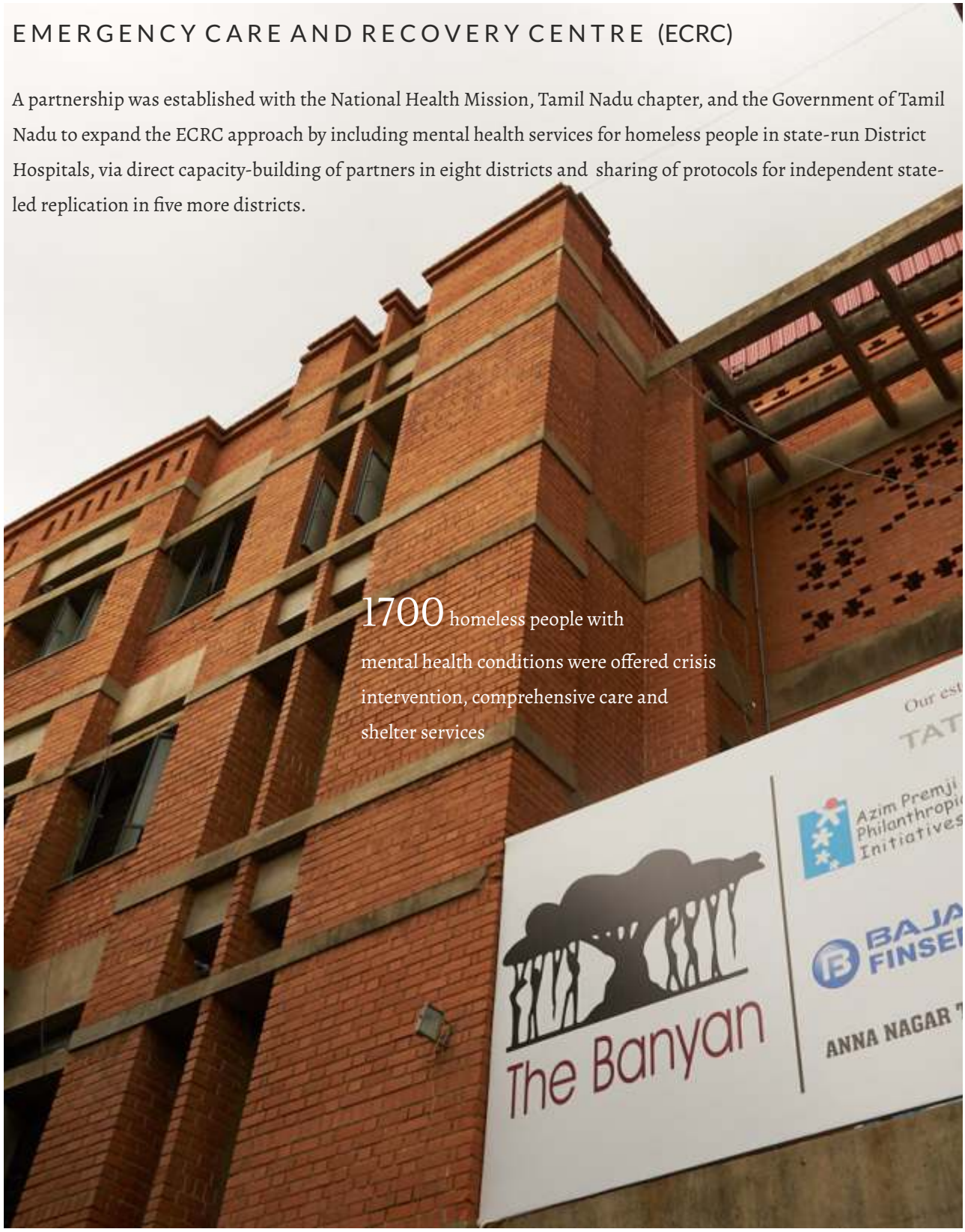
A one-year immersive, mentored experience for mental health professionals and social entrepreneurs that supports dynamic co-development and establishment of approaches to care in new contexts.

TRAINING AND CAPACITY BUILDING OF HUMAN RESOURCES FOR DIFFUSION OF THE BANYAN'S APPROACHES

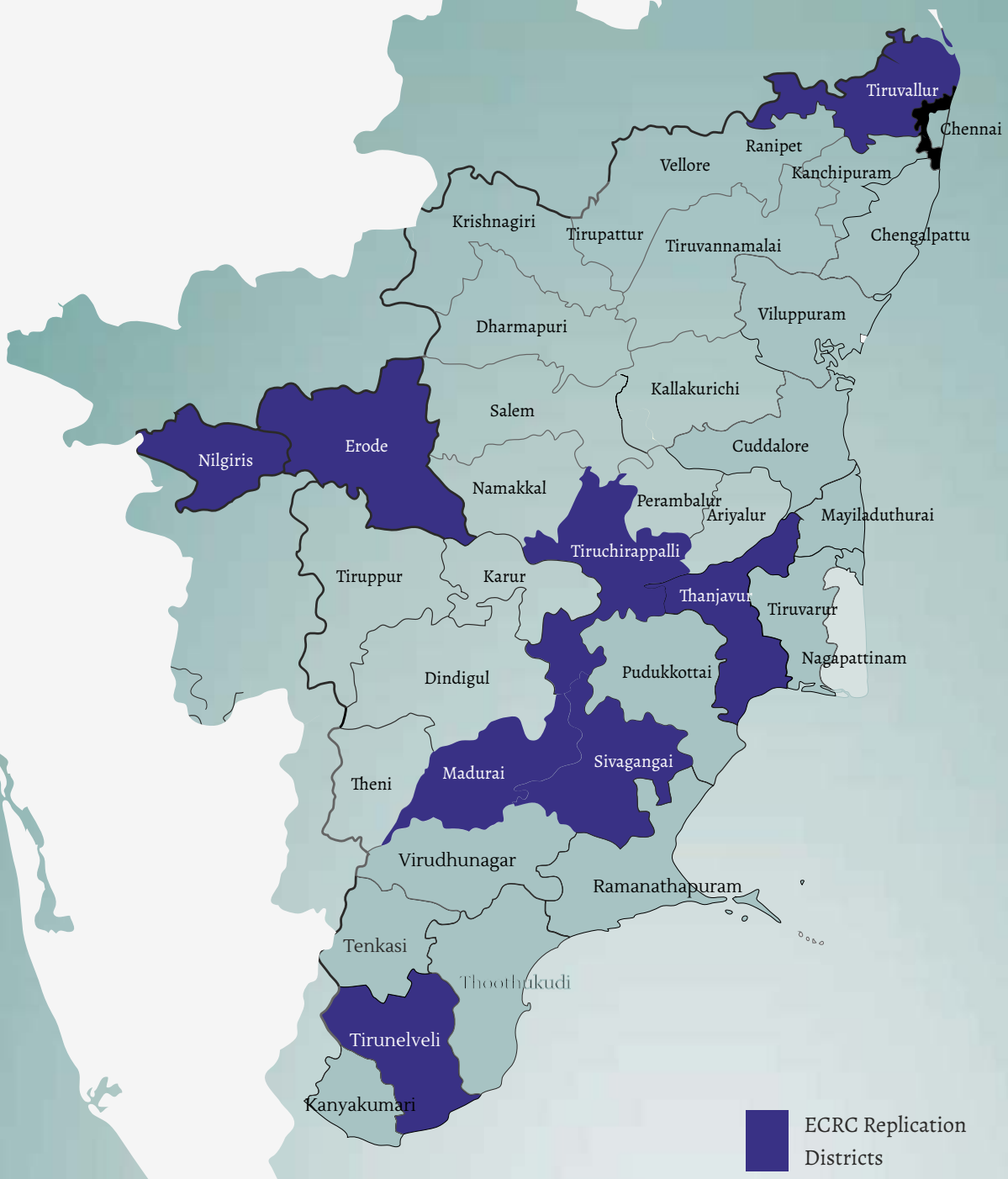
training of replication site staff and NGO partners to deliver justice-aligned ECRC and Home Again services.

EMERGENCY CARE AND RECOVERY CENTRE (ECRC)

A partnership was established with the National Health Mission, Tamil Nadu chapter, and the Government of Tamil Nadu to expand the ECRC approach by including mental health services for homeless people in state-run District Hospitals, via direct capacity-building of partners in eight districts and sharing of protocols for independent state-led replication in five more districts.



1700 homeless people with mental health conditions were offered crisis intervention, comprehensive care and shelter services



13 new district ECRC hubs at Government Hospitals through protocol sharing, of which 8 through capacity building partnerships with The Banyan-BALM (Nilgiris, Erode, Madurai, Sivagangai, Thanjavur, Trichy, Tirunelveli, Tiruvallur)

345 people with long-term needs previously institutionalised in psychiatric hospitals access community housing options with supportive services

HOME AGAIN (HA)

Recognised as one among the select twenty-five approaches to community-based mental health by the World Health Organisation, Home Again (HA) was replicated through strategic partnerships with state government and local NGO partners to resolve long-term institutionalisation in state-run psychiatric facilities.

5 states

Maharashtra, Kerala, Andhra Pradesh, Karnataka, Tamil Nadu

69 homes in diverse villages/ urban neighbourhoods

NALAM

NALAM approach was piloted at Aghai, Shahapur Taluk and surrounding Adivasi villages through a grassroots cadre of workers drawn from the local communities. With a history of displacement, land alienation and contemporary circumstances of widespread malnutrition, poverty and geographical remoteness, the context presented both logistical and cultural challenges in integrating mental health services relevant to local community needs. Developing mental health perspectives rooted in indigenous contexts with complex histories of marginalisation is expected to build a framework to offer culturally competent care within the NALAM platform.

300 people from indigenous communities around Aghai, Shahapur Taluk, have received care for mental health conditions

50% have received livelihoods and social support to mitigate multi-dimensional poverty

300 children and adolescents have received mental health promotion and prevention-oriented interventions

FELLOWSHIPS IN MENTAL HEALTH

The one-year fellowship for select mental health professionals and social entrepreneurs was aimed at mentored placements in geographies where ECRC or HA was being replicated. Fellows worked typically with a partner organisation and the state authorities in the context to facilitate the set-up of intervention.

> *"The fellowship opportunity was perceived to build on in-depth social perspectives on mental health gained during their formal education with the opportunity to develop concrete practice skills – both micro and macro – in complex settings.*

The fellowship functions as focused, small-scale grant for entrepreneurs and fosters collaborative community engagement, action and research to explore, test and scale approaches in mental health care for marginalised populations. It offers the opportunity to bolster field-based learning through the learn-as-you earn model. This is the first of its kind fellowship in mental health in India, as it amalgamates practice with theory-based learning to approach mental health from a development perspective. The aim of the fellowship is to increase capacities of human resources and services in the mental health sector by supporting early to mid-career individuals to develop perspectives, knowledge, skills and instincts that can help them innovate, adapt and grow as clinicians, development practitioners, entrepreneurs and researchers.

Fellows reported having developed confidence and competencies to meet diverse demands of field practice that included clinical social work practice with people with multifactorial, relentless social disadvantage, state liaison and advocacy, and project management involving multiple external stakeholders.

600 people from minoritised groups supported via fellowship enabled ECRC and HA implementation

10 Graduates/students received fellowships

REVALEENA

“

The fellowship has given me the opportunity to make something of my NGO, Menadora Foundation, and given us a chance to make our dreams come true and offer support for people who need it. It has additionally taught me leadership and management skills and built my confidence.

Revaleena recalls being motivated to pursue psychology and enter the mental health sector after witnessing the role of psychosocial interventions in post-disaster scenarios in Tamil Nadu. After graduating with a Masters in Counselling Psychology from the Madras School of Social Work, she joined The Banyan as a coordinator for employment liaising with employers, assessing self-employment and training options and facilitating work opportunities for people living with serious mental health conditions. She says that through on-the-job training and interactions with people with diverse mental health experiences at The Banyan, she gradually developed the confidence, perspectives and skills to engage in clinical roles.

During COVID, the perspectives and skills gained found new avenues for application as she received several referrals for mental health issues in the background of pandemic induced social, economic and psychological losses. She co-founded Menadora Foundation along with her partner in response to the need for holistic well-being services.

A Sundram Fasteners fellow, Revaleena, is spearheading the replication of the ECRC in Tiruvallur district and HA in Villupuram district. Her initial immersion in The Banyan informs her micro-practice with the fellowship offering the opportunity to pursue her passion and develop leadership skills and qualities etc.

TRAINING AND CAPACITY BUILDING OF HUMAN RESOURCES FOR DIFFUSION OF THE BANYAN'S APPROACHES

"Sundram Fasteners investments were oriented to the development of protocols and pedagogical resources used for amplification of stakeholders in the mental health sector through training of replication site staff and NGO partners to deliver justice-aligned ECRC and Home Again services.

Cadres of staff trained included social workers, nurses, health care workers, personal assistants, program managers and NGO leaders. This strategy forms an important part of The Banyan and BALM's goal of collaborative development of localised interventions and a network of stakeholders engaged in continual learning and exchange that contributes to rich, contextual, diverse knowledge on mental health as a development issue.

200 staff across cadres of partners trained to set up, implement and deliver ECRC and HA services for people with mental health conditions

The Banyan's approaches extended to **3** more states (Karnataka, Maharashtra and Kerala) and **13** districts of Tamil Nadu

PREETHI

“

In a world where families are becoming increasingly diffused, social workers must create services that build relationships and support systems for people to thrive.


TENDER CUTS

Preethi's primary motivation for engaging in the mental health sector is drawn from her lived experience as a daughter to a mother with mental illness with a history of homelessness. When she was about four or five years old, Preethi entered the state institutional system for children in difficult circumstances. Her mother, Devi, had become homeless in the backdrop of a serious mental health condition and accompanying familial difficulties. She was reunited with Devi several years later after The Banyan's intervention and grew up in a rented house in the fishing village of Kovalam, supported by a tightly knit community of peers and mentors. A regular presence at The Banyan's services, Preethi often volunteered after school hours to assist with client care and supportive services.

Preethi says the turnaround in life circumstances that she witnessed after her mother was able to access appropriate services shaped much of her motivation to pursue social work. After her Bachelors in Social Work from Coimbatore, she pursued an MA in Social Work at Loyola College in Chennai with support from Sundram Fasteners. She works as an Associate for Primary Care at The Banyan's ECRC, travelling often to replication sites for training and capacity building of staff in practice with homeless people with mental health conditions.

RESEARCH

RESEARCH

Research investments by Sundram Fasteners aimed at the "development of evidence and building a robust knowledge base to inform policy on unique cultural ecology of marginalised populations and justice-oriented initiatives to address their mental health priorities by building practice-based evidence."

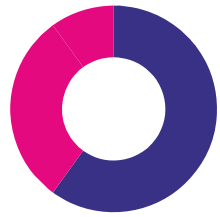
Science-based knowledge and interventions have gained prominence as the dominant approach in development work with an emphasis on evaluating factors and interventional outcomes and replicating what works as established by rigorous research. Subjecting data and evidence to a peer-review process, typically through the publication of papers in journals, forms a significant part of establishing evidence. It is to be noted that both the process of establishment of science and the scientific method have invited scrutiny, and there are criticisms that the process may obfuscate complex truths in an effort to offer simple solutions to development challenges. Poor representations of historically marginalised groups in authorship and low acceptance rates of articles from low-resource settings have been criticised as well.

> *"In a context where broader structural inequities and biases are engaged in determining what science is, valued knowledge is often from dominant identities at the cost of those at the margins.*

Therefore, BALM's research has focused on combining service-user participation and perspectives with rigorous mixed methods research using qualitative and quantitative approaches so that the evidence generated is seen in the light of meaningful knowledge and outcomes for the constituency beyond clinical or statistical significance. By design, research outcomes were biased towards policy advocacy using data and evidence reviewed by a diverse set of academicians, service users and practitioners – often with intersecting identities. While paper publications formed a part of the endeavour, since most policymaking in India did not involve substantive action based on scientific journal articles, resources were applied more in the direction of advocacy for social action.

27 Research publications by faculty

267 Master-level theses



6 PhDs from Virje Universiteit, 4 in process

LIST OF PUBLICATIONS

Radhakrishnan, R. K., de Wit, E. E., Gopikumar, V., & Bunders, J. G. (2022). Rohingyas and Sri Lankan Tamil refugees in Tamil Nadu: a replicable model of semi-permanent resettlement in low-resource settings. Equality, Diversity and Inclusion: An International Journal.

Mezzina, R., Gopikumar, V., Jenkins, J. B., Saraceno, B., & Sashidharan, S. P. Social vulnerability and mental health disparities in the'syndemic': call for action. Frontiers in Psychiatry, 874.

Lal, S. G., Syurina, E., González, L. P., Bally, E. L., Gopikumar, V., & Bunders-Aelen, J. G. F. (2022). Vulnerabilities Prompting Use of Technology and Screen by Mothers of Autistic Children in India: Lived Experiences and Comparison to Scientific Literature. Culture, Medicine, and Psychiatry, 1-21.

Vallath, S., & Padmakar, A. (2021). Innovations in Continuity of Care Among Homeless Persons with Severe Mental Illnesses. In Innovations in Global Mental Health (pp. 989-1007). Cham: Springer International Publishing.

Ravi, M., Regeer, B., Padmakar, A., Gopikumar, V., & Bunders, J. (2021). Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India. Mental Health, Legal Capacity, and Human Rights, 109.

Dijkxhoorn, M. A., Padmakar, A., Bunders, J. F., & Regeer, B. J. (2022). Stigma, lost opportunities, and growth: Understanding experiences of caregivers of persons with mental illness in Tamil Nadu, India. Transcultural Psychiatry, 13634615211059692.

Ravi, M., Regeer, B., Padmakar, A., Gopikumar, V., & Bunders, J. (2021). Contextualising Legal Capacity and Supported Decision Making in the Global South: Experiences of Homeless Women with Mental Health Issues from Chennai, India. Mental Health, Legal Capacity, and Human Rights, 109.

Radhakrishnan, R. K., Vallath, S., de Wit, E. E., Bunders, J. G. F., & Gopikumar, V. Developing Care Approaches to Address the Homelessness, Poverty and Severe Mental Illnesses Crisis. World J Psychiatry Ment Health Res. 2021; 5 (1), 1027.

Vallath, S., & Padmakar, A. (2021). Innovations in Continuity of Care Among Homeless Persons with Severe Mental Illnesses. In Innovations in Global Mental Health (pp. 989-1007). Cham: Springer International Publishing.

Mor, N. (2021). A Potential Pathway Towards Universal Health Coverage (UHC) for an Indian State.

Gilmoor, A. R., Vallath, S., Peters, R. M., van der Ben, D., & Ng, L. (2021). Adapting the Trauma History Questionnaire for use in a population of homeless people with severe mental illness in Tamil Nadu, India: qualitative study. BJPsych open, 7(4).

Krishnadas, P., Narasimhan, L., Joseph, T., Bunders, J., & Regeer, B. (2021). Factors associated with homelessness among women: a cross-sectional survey of outpatient mental health service users at The Banyan, India. Journal of Public Health, 43(Supplement_2), ii17-ii25.

Vallath, S., Narasimhan, L., Varadarajan, V., & Ravikanth, L. (2021). Prevalence, service use and clinical correlates of hallucinations and delusions in an out-patient population from India. Journal of Mental Health, 1-9.

Narasimhan, L., Kishore Kumar, K. V., Regeer, B., & Gopikumar, V. (2020). Homelessness and women living with mental health issues: Lessons from the Banyan's experience in Chennai, Tamil Nadu. In Gender and mental health (pp. 173-191). Springer, Singapore.

Mathew, R., Krishnadas, P., Vallath, S., Rajesh, V., Bunders, J. G., Ravikanth, L., & Gopikumar, V. (2020). The impact of social inequities on mental ill-health: The banyan response. Indian Journal of Social Psychiatry, 36(5), 98.

Gopikumar, V., Padgett, D. K., Sarin, A., Mezzina, R., Willford, A., & Jain, S. (2020). Mental Health and the Coronavirus: A Global Perspective. World Social Psychiatry, 2(2), 88.

Gilmoor, A., Vallath, S., Regeer, B., & Bunders, J. (2020). "If somebody could just understand what I am going through, it would make all the difference": Conceptualizations of trauma in homeless populations experiencing severe mental illness. Transcultural psychiatry, 57(3), 455-467.

Vallath, S., Ravikanth, L., Regeer, B., Borba, P. C., Henderson, D. C., & Scholte, W. F. (2020). Traumatic loss and psychosis–reconceptualising the role of trauma in psychosis. European Journal of Psychotraumatology, 11(1), 1725322.

Padmakar, A., De Wit, E. E., Mary, S., Regeer, E., Bunders-Aelen, J., & Regeer, B. (2020). Supported Housing as a recovery option for long-stay patients with severe mental illness in a psychiatric hospital in South India: Learning from an innovative de-hospitalization process. PLoS One, 15(4), e0230074.

Dijkxhoorn, M. A., Padmakar, A., Jude, N., Bunders, J., & Regeer, B. (2019). Understanding caregiver burden from a long-term perspective: The Banyan model of caregiver experiences. Perspectives in Psychiatric Care, 55(1), 61-71.

Narasimhan, L., Gopikumar, V., Jayakumar, V., Bunders, J., & Regeer, B. (2019). Responsive mental health systems to address the poverty, homelessness and mental illness nexus: The Banyan experience from India. International Journal of Mental Health Systems, 13(1), 1-10.

Vallath, S., Luhrmann, T., Bunders, J., Ravikant, L., & Gopikumar, V. (2018). Reliving, replaying lived experiences through auditory verbal hallucinations: Implications on theories and management. Frontiers in Psychiatry, 528.

INSIGHTS

INSIGHTS

DYNAMIC, MENTORED PRACTICE AS SIGNIFICANT PEDAGOG Y

Co-location of campus with living space for people with mental health conditions and histories of homelessness, mentored Fellowship opportunities allowing learning from dynamic practice, and reflexive field-based curriculum qualitatively emerged as the three significant valued contributors and differentiators of the education programs.

A SYMMETRIES IN REPRESENTATION AND ENGAGEMENT W ITH MARGINALISED GROUPS

There are stark differences in the background compositions of Masters and Diploma students, which are reflective of inequities that persist in contemporary society. While anecdotal observations suggest that both cohorts had similar representations of people with mental health conditions, representation of intersecting marginal identities of caste was low in the Masters program, whereas caste-oppressed populations were majorly engaged in the Diploma program. Homelessness histories of the learning cohorts were

not systematically documented, but it is inferred that there was some representation only in the Diploma program. These hold significant implications for the intent and type of knowledge, research and field-based practice that BALM aims to foster, particularly in the background of The Banyan's primary constituency being marginalised by caste in addition to gender, mental health and homelessness.

Translations of Masters and Diploma learning cohorts into high impact field-based engagements with populations experiencing mental health conditions concurrently with social-economic-political marginalisation was varied. While substantial..., compared to the Diploma cohorts, a lower proportion (of Masters graduates) was seen in settings that addressed double jeopardy.

DE-LINKED PRACTICE, RESEARCH AND POLICY

Lack of systematic project management, competency building and research skills exposure were dominant in qualitative feedback regarding programmatic improvements to the Masters degrees. Often, graduates competed with public health or economics Masters and were bracketed into silos of exclusive micro-practice or field-based engagements, without the opportunity to grow into a multiplicity of roles that included strategic management, policymaking and research. These were also perceived as contributing to dichotomies of what field realities represented and communicated, and what was eventually presented as evidence of outcomes and scalable, replicable interventions. Qualitative feedback emphasised the need to upskill graduates to participate in politics of the science-making process in order to disrupt mental health options for marginalised populations.

INTERSECTIONALITIES AND DIVERSIFYING RESEARCH AND SOCIAL ACTION OPTIONS

Research practice and Social Action at BALM are aligned with The Banyan's constituency priorities in the near term. In contrast, the diploma programs contributed to engaging with mental health priorities across diverse development practice locations, including poverty alleviation, children in difficult circumstances, and, more recently, caste-based occupational confinement. With growing knowledge of variegated factors that interplay and the necessity for actions across diverse intersecting social factors such as childhood adversities, gender and caste-based discrimination, older populations and so on, there is a necessity to allow for opportunities in research practice and social action beyond The Banyan's immediate strategic priorities. Qualitative feedback from learning cohorts indicates the need for diversifying research, practicum and fellowship options.


SS CHILD CARE
Dr.K.Dhanasekhar

FUTURE

FUTURE

The future of development education and social action in mental health is limitless and marked by an urgency to transform to meet complex demands that the pandemic has foisted on the world. Health disparities are irretrievably linked to social and political factors that produce, foment and maintain inequitable outcomes. The COVID 19 pandemic has exacerbated these inequities while highlighting the disproportionate burdens that specific populations face. The last six years of investments by Sundram Fasteners and BALM's collective action through learning cohorts, and academic and practice partners, both state and non-state, offer insights to drive strategic priorities for the decade ahead.

IMMERSION-BASED LEARNING FOR SOCIAL DEVELOPMENT PRACTICE

Social work education in India, particularly in Tamil Nadu, faces a crisis of relevance and commitment to the original goals of the profession. There is a history of the labour welfare specialisation, an India-specific pedagogical tradition, morphing into typical human resource management roles without any social development focus. Similarly, health practice specialisations, globally, not only in India, have defaulted to micro-practice roles or clerical and administrative work with far and few actions on social determinants. In this context, BALM offers a differentiated learning opportunity with the co-located campus and immersion possibilities that combine research, micro and macro-practice with high-quality mentorship by those who have drawn knowledge from field experience. The experience of the masters and the diploma programs offer a few options in which this priority will be pursued in the next few years. A key strategy to further the education agenda would be to build solidarities with and among educational institutions and broader development sector organisations and enhance capacities of learning cohorts to engage in mental health justice work.

- Curated practice-based courses for Master of Social Work (or allied courses) students to develop knowledge and skills for intersectional mental health practice. Participation from diverse colleges with learning cohorts, particularly from rural, low-income, and marginalised backgrounds will need to be sought.

- Extending Fellowships in mental health to include possibilities of self-driven implementations of innovative services besides the current model of placement in The Banyan-BALM social action and replication sites.

- Practice-based Continuing Education programs for human resources at variegated levels in development sector organisations besides the current offering for grassroots workers that aim to integrate mental health justice work alongside existing social development initiatives.

PARTICIPATORY SCIENCE-INFORMED SOCIAL ACTION

Prominent social action investment prospects from BALM's perspective include interventions to address modifiable determinants of homelessness and mental health. Priority areas of action from BALM's research are:

- addressing social disadvantage and building competencies among children and adolescents from marginal identities with a particular focus on children living with parental mental health conditions
- mitigating gender-based violence and disadvantage and building feminist competencies and practice within mental health services
- developing indigenously derived praxis for mental health for Adivasi communities, socio-economic interventions and their integration with health systems

MENTAL HEALTH RESOURCE HUB FOR GENERATING AND AMPLIFYING MENTAL HEALTH KNOWLEDGE AND PERSPECTIVES FROM SOCIO-CULTURALLY MINORITISED POPULATIONS

Contemporary global mental health discourse initiatives witness low representations of people occupying inter sectional identities. In the context of homeless people with psychosocial disabilities from India and other low-to-medium income countries, complex intersections between mental health and religion, caste, gender, ethnicity, and poverty define people's encounters with diagnoses, care and recovery. Therefore, it becomes significant to engage in the work of building a Mental Health Resource Hub (MHRH) that brings together scholars, practitioners, peer advocates and activists, caregivers, clinicians, civil society organisations and state actors to engage in collaborative knowledge generation, the localised development and adaptation of promising interventions and supports, and bi-directional exchange of ideas across countries, contexts and positionalities. MHRH will support three sets of interlinked activities:

- the development of a repository of open-access resources and tools designed to support localised adaptation, stakeholder involvement, and access to existing knowledge
- implementation of targeted research projects, including those focused on understanding the role of structural determinants, intersectional identities and socio-economic vectors in shaping the lives and trajectories of homeless persons in Tamil-Nadu, and throughout India and the effectiveness and impact of innovations and supports designed to maximize community participation and flourishing
- capacity building and dissemination through presentations, webinars, training and continuing education series designed to bring together stakeholders and practitioners from diverse global regions.

SYSTEMATIC, LONGITUDINAL RESEARCH ON THE LANDSCAPE OF HOMELESSNESS, POVERTY AND MENTAL HEALTH

Essential data that provides the status of homelessness, mental health and poverty in India is not available. In addition to investing further into the current focus on unpacking nuanced, complex intersections between social disadvantage and mental health, research practice at BALM aims to contribute to periodic country-wide assessments of homelessness and mental health scenario in terms of epidemiology and service provisioning with a focus on influencing state policy. Interventional research emphasising context-dependent factors, replication mechanisms and clarifying user-defined meaningful outcomes is another priority area. Both priorities would be essential to cultivate and develop thought leadership and discourse that presents alternatives to existing options. Research practice aims to build toward a repository of experiences and voices from oppressed and underrepresented socio-economic and political locations that offers insights into serious mental health and intersections with social disadvantage and homelessness, phenomena such as suicide that occur in the context of social suffering, effects of variegated care plans and policy evaluations and directions.

CONCLUSION

The last six years of the Sundram Fasteners Centre for Social Action and Research were focused on investments that experimented with educational practices that build social justice perspectives and allied micro-macro skills for practice across a spectrum of human resources for the mental health sector. The Centre engaged in synergistic social action and research to develop, understand and diffuse successful models at the intersection of social disadvantage and mental health. In the next decade, the Centre aims to build depth to this work by fostering broad-based solidarities with education and development sector institutions to build in a high-quality cadre enriched with the ability to critically engage and co-develop models of mental health justice research rooted in the narratives of most marginalised populations.